

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: MS
APPLICATION YEAR: 2010

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STATE: MS

\$ 116,404,138

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MS

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 10,537,408	\$ 10,731,214	\$ 10,537,408	\$ 10,534,621	\$ 10,537,408	\$ 9,080,587
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds (Line3, Form 2)	\$ 7,949,273	\$ 9,701,733	\$ 7,949,273	\$ 9,894,493	\$ 7,949,273	\$ 9,652,346
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal (Line8, Form 2)	\$ 18,486,681	\$ 20,432,947	\$ 18,486,681	\$ 20,429,114	\$ 18,486,681	\$ 18,732,933
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 77,540,563	\$ 65,492,167	\$ 75,769,278	\$ 65,499,668	\$ 75,521,937	\$ 76,220,805
9. Total (Line11, Form 2)	\$ 96,027,244	\$ 85,925,114	\$ 94,255,959	\$ 85,928,782	\$ 94,008,618	\$ 94,953,738
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MS

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation (Line1, Form 2)	\$ 10,537,408	\$ 10,764,450	\$ 10,537,408		\$ 10,537,408	
2. Unobligated Balance (Line2, Form 2)	\$ 0	\$ 0	\$ 0		\$ 0	
3. State Funds (Line3, Form 2)	\$ 7,949,273	\$ 10,547,923	\$ 7,949,273		\$ 7,949,273	
4. Local MCH Funds (Line4, Form 2)	\$ 0	\$ 0	\$ 0		\$ 0	
5. Other Funds (Line5, Form 2)	\$ 0	\$ 0	\$ 0		\$ 0	
6. Program Income (Line6, Form 2)	\$ 0	\$ 0	\$ 0		\$ 0	
7. Subtotal (Line8, Form 2)	\$ 18,486,681	\$ 21,312,373	\$ 18,486,681	\$ 0	\$ 18,486,681	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds (Line10, Form 2)	\$ 77,408,666	\$ 89,375,492	\$ 89,756,329		\$ 97,917,457	
9. Total (Line11, Form 2)	\$ 95,895,347	\$ 110,687,865	\$ 108,243,010	\$ 0	\$ 116,404,138	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2007
Field Note:
Actual FFY 2007 MCH Block grant award was \$9,869,139, which is \$668,269 less than the allocation amount.
2. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2008
Field Note:
Budgeted amount shown for state match is only the amount needed to meet the MCH Block grant's match requirement. Actual state expenditures were more than the match amount required.
3. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2007
Field Note:
Budgeted amount shown for state match is only the amount needed to meet the MCH Block grant's match requirement. Actual state expenditures were more than the match amount required.
4. **Section Number:** Form3_Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2008
Field Note:
Award increases received subsequent to the preparation of last year's annual report provided additional funds for expenditure.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MS

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 5,546,004	\$ 5,786,454	\$ 5,546,004	\$ 5,662,939	\$ 5,546,004	\$ 9,558,273
b. Infants < 1 year old	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
c. Children 1 to 22 years old	\$ 5,546,004	\$ 6,158,389	\$ 5,546,004	\$ 5,615,980	\$ 5,546,004	\$ 4,216,377
d. Children with Special Healthcare Needs	\$ 5,546,004	\$ 7,282,142	\$ 5,546,004	\$ 8,254,497	\$ 5,546,004	\$ 4,214,895
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 1,848,669	\$ 1,205,962	\$ 1,848,669	\$ 895,698	\$ 1,848,669	\$ 743,388
g. SUBTOTAL	\$ 18,486,681	\$ 20,432,947	\$ 18,486,681	\$ 20,429,114	\$ 18,486,681	\$ 18,732,933
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 846,680		\$ 828,953		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 63,017,321		\$ 63,962,947		\$ 65,469,010	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 2,820,059		\$ 0		\$ 0	
j. Education	\$ 4,387,834		\$ 4,509,173		\$ 4,435,250	
k. Other						
Title X	\$ 6,368,669		\$ 6,368,205		\$ 5,517,677	
III. SUBTOTAL	\$ 77,540,563		\$ 75,769,278		\$ 75,521,937	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MS

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 5,546,004	\$ 9,137,720	\$ 5,546,004		\$ 5,546,004	
b. Infants < 1 year old	\$ 0	\$ 0	\$ 0		\$ 0	
c. Children 1 to 22 years old	\$ 5,546,004	\$ 5,145,326	\$ 5,546,004		\$ 5,546,004	
d. Children with Special Healthcare Needs	\$ 5,546,004	\$ 5,394,383	\$ 5,546,004		\$ 5,546,004	
e. Others	\$ 0	\$ 0	\$ 0		\$ 0	
f. Administration	\$ 1,848,669	\$ 1,634,944	\$ 1,848,669		\$ 1,848,669	
g. SUBTOTAL	\$ 18,486,681	\$ 21,312,373	\$ 18,486,681	\$ 0	\$ 18,486,681	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 94,644	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 67,740,536		\$ 78,775,727		\$ 86,936,855	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 4,388,209		\$ 4,241,050		\$ 4,241,050	
k. Other						
Title X Family Plng	\$ 0		\$ 0		\$ 6,644,908	
Title X	\$ 5,185,277		\$ 6,644,908		\$ 0	
III. SUBTOTAL	\$ 77,408,666		\$ 89,756,329		\$ 97,917,457	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
Budgeted amount was merely an estimate of future expenditures based on 30% of the projected total program budget. Actual expenditures were greater.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2007
Field Note:
Budgeted amount was merely an estimate of future expenditures based on 30% of the projected total program budget. Actual expenditures were greater.
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2007
Field Note:
Budgeted amount was merely an estimate of future expenditures based on 30% of the projected total program budget. Since the actual grant amount awarded was less than the original grant amount, this reduced the amount available for expenditure in this category.
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2007
Field Note:
Budgeted amount was merely an estimate of future expenditures based on 30% of the projected total program budget. Since the actual grant amount awarded was less than the original allocation, this reduced the amount available for expenditure in this category.
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2008
Field Note:
The budgeted amount shown was merely an estimate of future expenditures based on 10% of the allocation amount. Since actual grant award was less than the original allocation amount, the agency did not have as much money available to spend for administration.
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2007
Field Note:
The budgeted amount shown was merely an estimate of future expenditures based on 10% of the allocation amount. Since actual grant award was less than the original allocation amount, the agency did not have as much money available to spend for administration.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MS

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 9,982,808	\$ 11,033,792	\$ 9,982,808	\$ 11,031,721	\$ 9,982,808	\$ 10,115,784
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 924,334	\$ 1,021,647	\$ 924,334	\$ 1,021,456	\$ 924,334	\$ 936,646
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,478,934	\$ 1,634,636	\$ 1,478,934	\$ 1,634,329	\$ 1,478,934	\$ 1,498,635
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,100,605	\$ 6,742,872	\$ 6,100,605	\$ 6,741,608	\$ 6,100,605	\$ 6,181,868
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 18,486,681	\$ 20,432,947	\$ 18,486,681	\$ 20,429,114	\$ 18,486,681	\$ 18,732,933

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MS

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 9,982,808	\$ 11,508,681	\$ 9,982,808	\$	\$ 9,982,808	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 924,334	\$ 1,065,619	\$ 924,334	\$	\$ 924,334	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,478,934	\$ 1,704,990	\$ 1,478,934	\$	\$ 1,478,934	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 6,100,605	\$ 7,033,083	\$ 6,100,605	\$	\$ 6,100,605	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 18,486,681	\$ 21,312,373	\$ 18,486,681	\$ 0	\$ 18,486,681	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2009
Field Note:
The methodology used for program budget development is the result of analysis of the smaller Children's Medical Program (CMP). The smaller model is then used in producing a financial projection for the total program cost (MCH). This methodology has been used with respect to MCH Title V Block Grant since 2003.
2. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
Budgeted amount assumed state expenditures only equal to match requirement. Actual state expenditures were more.
3. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2007
Field Note:
The methodology used for program budget development is the result of analysis of the smaller Children's Medical Program (CMP). The smaller model is then used in producing a financial projection for the total program cost (MCH). This methodology has been used with respect to MCH Title V Block Grant since 2003.
4. **Section Number:** Form5_Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2009
Field Note:
The methodology used for program budget development is the result of analysis of the smaller Children's Medical Program (CMP). The smaller model is then used in producing a financial projection for the total program cost (MCH). This methodology has been used with respect to MCH Title V Block Grant since 2003.
5. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2008
Field Note:
Budgeted amount assumed state expenditures only equal to match requirement. Actual state expenditures were more.
6. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2007
Field Note:
The methodology used for program budget development is the result of analysis of the smaller Children's Medical Program (CMP). The smaller model is then used in producing a financial projection for the total program cost (MCH). This methodology has been used with respect to MCH Title V Block Grant since 2003.
7. **Section Number:** Form5_Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2009
Field Note:
The methodology used for program budget development is the result of analysis of the smaller Children's Medical Program (CMP). The smaller model is then used in producing a financial projection for the total program cost (MCH). This methodology has been used with respect to MCH Title V Block Grant since 2003.
8. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
Budgeted amount assumed state expenditures only equal to match requirement. Actual state expenditures were more.
9. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2007
Field Note:
The methodology used for program budget development is the result of analysis of the smaller Children's Medical Program (CMP). The smaller model is then used in producing a financial projection for the total program cost (MCH). This methodology has been used with respect to MCH Title V Block Grant since 2003.
10. **Section Number:** Form5_Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2009
Field Note:
The methodology used for program budget development is the result of analysis of the smaller Children's Medical Program (CMP). The smaller model is then used in producing a financial projection for the total program cost (MCH). This methodology has been used with respect to MCH Title V Block Grant since 2003.
11. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2008

Field Note:

Budgeted amount assumed state expenditures only equal to match requirement. Actual state expenditures were more.

12. **Section Number:** Form5_Main

Field Name: InfrastrBuildExpended

Row Name: Infrastructure Building Services

Column Name: Expended

Year: 2007

Field Note:

The methodology used for program budget development is the result of analysis of the smaller Children's Medical Program (CMP). The smaller model is then used in producing a financial projection for the total program cost (MCH). This methodology has been used with respect to MCH Title V Block Grant since 2003.

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: MS

Total Births by Occurrence: 44,113

Reporting Year: 2008

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	44,113	100	0	0	0	
Congenital Hypothyroidism	44,113	100	15	15	15	100
Galactosemia	44,113	100	2	2	2	100
Sickle Cell Disease	44,113	100	77	77	77	100
Other Screening (Specify)						
Biotinidase Deficiency	44,113	100	3	3	3	100
Cystic Fibrosis	44,113	100	11	11	11	100
Other	44,113	100	6	6	6	100
Medium-Chain Acyl-CoA Dehydrogenase Deficiency	44,113	100	2	2	2	100

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2010
Field Note:
*Number of newborns screened by Perkin Elmer Genetics was 44,582 CY 2008 which includes non-resident births. Non-resident births were excluded to conform to Form 6 guidance.
**Number of live births (MSDH Vital Statistics) Provisional Data CY 2008
2. **Section Number:** Form6_Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2010
Field Note:
*Number of newborns screened by Perkin Elmer Genetics was 44,582 CY 2008 which includes non-resident births. Non-resident births were excluded to conform to Form 6 guidance.
**Number of live births (MSDH Vital Statistics) Provisional Data CY 2008
3. **Section Number:** Form6_Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2010
Field Note:
*Number of newborns screened by Perkin Elmer Genetics was 44,582 CY 2008 which includes non-resident births. Non-resident births were excluded to conform to Form 6 guidance.
**Number of live births (MSDH Vital Statistics) Provisional Data CY 2008
4. **Section Number:** Form6_Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2010
Field Note:
*Number of newborns screened by Perkin Elmer Genetics was 44,582 CY 2008 which includes non-resident births. Non-resident births were excluded to conform to Form 6 guidance.
**Number of live births (MSDH Vital Statistics) Provisional Data CY 2008
5. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2010
Field Note:
*Number of newborns screened by Perkin Elmer Genetics was 44,582 CY 2008 which includes non-resident births. Non-resident births were excluded to conform to Form 6 guidance.
**Number of live births (MSDH Vital Statistics) Provisional Data CY 2008
6. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2010
Field Note:
*Number of newborns screened by Perkin Elmer Genetics was 44,582 CY 2008 which includes non-resident births. Non-resident births were excluded to conform to Form 6 guidance.
**Number of live births (MSDH Vital Statistics) Provisional Data CY 2008
7. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2010
Field Note:
*Number of newborns screened by Perkin Elmer Genetics was 44,582 CY 2008 which includes non-resident births. Non-resident births were excluded to conform to Form 6 guidance.
**Number of live births (MSDH Vital Statistics) Provisional Data CY 2008
8. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2010
Field Note:
*Number of newborns screened by Perkin Elmer Genetics was 44,582 CY 2008 which includes non-resident births. Non-resident births were excluded to conform to Form 6 guidance.
**Number of live births (MSDH Vital Statistics) Provisional Data CY 2008
9. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2010
Field Note:
*Number of newborns screened by Perkin Elmer Genetics was 44,582 CY 2008 which includes non-resident births. Non-resident births were excluded to conform to Form 6 guidance.
**Number of live births (MSDH Vital Statistics) Provisional Data CY 2008

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: MS

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	23,314	71.2	0.0			28.8
Infants < 1 year old	46,455	89.9				10.1
Children 1 to 22 years old	31,761	89.3	0.1			10.7
Children with Special Healthcare Needs	3,175	70.0	0.5	19.0	10.0	0.0
Others	107,379	24.3	0.4			75.3
TOTAL	212,084					

FORM NOTES FOR FORM 7
None
FIELD LEVEL NOTES
None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: MS

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	46,932	24,937	21,200	312	386	89		8
Title V Served	23,313	8,925	12,750	25	80			1,533
Eligible for Title XIX	26,797	10,506	15,155	213	129	16		778
INFANTS								
Total Infants in State	46,455	24,783	20,880	310	386	88		8
Title V Served	46,455	24,783	20,880	310	386	88		8
Eligible for Title XIX	31,245	10,324	15,065	169	146	14		5,527

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	45,201	1,627	104	984	3	30	106	504
Title V Served	22,390	923						923
Eligible for Title XIX	26,019	645	133					645
INFANTS								
Total Infants in State	44,778	1,647	60	980	3	30	106	528
Title V Served	44,778	1,647	60	980	3	30	106	528
Eligible for Title XIX	25,718	1,037	4,490					1,037

FORM NOTES FOR FORM 8
None
FIELD LEVEL NOTES
None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MS

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 721-7222	(800) 721-7222	(800) 721-7222	(800) 721-7222	(800) 721-7222
2. State MCH Toll-Free "Hotline" Name	"Take Care"	"Take Care"	"Take Care"	"Take Care"	"Take Care"
3. Name of Contact Person for State MCH "Hotline"	Louisa Denson	Louisa Denson	Louisa Denson	Louisa Denson	Louisa Denson
4. Contact Person's Telephone Number	(601) 576-7950	(601) 576-7950	(601) 576-7950	(601) 576-7950	(601) 576-7950
5. Contact Person's Email	louisa.denson@msdh.sta				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	1,150	2,575	2,350

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MS

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2008

Field Note:

Call logs for the months of July, August and October 2007 were missing which means the figure of 1,150 represents only nine months of calls on the MCH Hotline.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: MS

1. State MCH Administration:
(max 2500 characters)

The Mississippi State Department of Health (MSDH) is the state agency responsible for administering the Title V program in Mississippi. Maternal and Child Health (MCH) Block Grant funds are allocated in the MSDH central office to the Offices of Women's Health and Child/Adolescent Health. The Children's Medical Program (CMP) is the program of services for Children with Special Health Care Needs, and is located organizationally within Health Services (HS), which is responsible for all maternal and child health functions. These two HS Offices provide services for the three major populations targeted by the MCH Block Grant - pregnant women, mothers, and infants; children; and children with special health care needs. Health Services is also responsible for administering the statewide Family Planning program and the Women, Infants, and Children (WIC) Supplemental Food Program.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 10,537,408
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 7,949,273
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 18,486,681

9. Most significant providers receiving MCH funds:

The University of Mississippi Medical Center
The Jackson Medical Mall

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	23,314
b. Infants < 1 year old	46,455
c. Children 1 to 22 years old	31,761
d. CSHCN	3,175
e. Others	107,379

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

MSDH Newborn Screening Program – Mississippi has one of the most comprehensive newborn screening programs in the nation. State law requires that all babies born in Mississippi be tested for forty genetic disorders. Early detection of genetic disorders allows for treatment (direct medical care) to prevent permanent damage in the infant and the opportunity to lead a normal life. MSDH Children's Medical Program (CMP) – CMP is the state's Children with Special Health Care Needs (CSHCN) program and provides medical and surgical care to children with chronic or disabling conditions through the provision of equipment and drugs, and arrangement for physical, occupational and other therapies. The CMP collaborates with primary care physician groups to assure the availability of medical homes and uses public health district CSHCN coordinators to assist with care coordination at the local level (enabling services).

b. Population-Based Services:
(max 2500 characters)

MSDH Immunization Program – The Immunization program provides all necessary immunizations at low cost and provides free vaccines for those eligible for the Vaccines for Children program, administered by MSDH. Mississippi law requires immunization in order to enter school, Head Start, and daycare. The program conducts annual immunization surveys to obtain statistical estimates of immunizations rates and established an Immunization Task Force comprised of Central Office and District staff to determine what activities should be conducted in the local health departments to increase immunization rates to meet the National Healthy People 2010 Goal for the 17% of children served by MSDH. MSDH Family Planning Program – The Adolescent Health Coordinator collaborates with internal and external partners to address teen pregnancy and adolescent sexual and reproductive health issues. The MSDH Office of Child and Adolescent Services Program works closely with the Division of Family Planning to implement strategies, policies and services that reduce the rate of repeat births to adolescent mothers less than 17 years old; to reduce the rate of adolescents at risk of early sexual initiation, teen pregnancy and teen parenthood; and to increase the rate of adolescents receiving comprehensive sexual health education in middle and high schools.

c. Infrastructure Building Services:
(max 2500 characters)

Statewide Needs Assessment – Activities are already underway for the initiation of the 2010 Needs Assessment (NA). A NA director has been appointed by the Title V Director and appropriate staff have attended the MCHB and AMCHP NA trainings in Atlanta and Washington, DC. The director will be the Health Services Chief Nurse who brings considerable experience with the previous 2005 NA and other needs assessment activities to the team. A calendar has been established setting due dates for key activities throughout the completion of the task. An application was submitted and approved for the Agency to have a MCHB-sponsored graduate student intern assigned to assist with the early NA activities during the summer of 2009. We anticipate full implementation of the 2010 NA plan as early as August 2009 with final completion by mid-May 2010. MSDH Oral Health Program – The Oral Health program has expanded the number of dental hygienists to enable the program to provide oral health assessment and caries risk determination and deliver preventive fluoride varnish to moderate to high risk children in all nine public health districts. The program obtains Medicaid reimbursement for fluoride varnish treatments provided (up to 2 per year), but the Medicaid program does not reimburse for dental health assessment performed by a licensed dental hygienist. Dental hygienists also provide a second nutrition education contact that includes oral hygiene instruction as a required part of WIC recertification. The dental sealant coordinator is recruiting FQHCs to participate in the school-based dental sealant program. By March 2009, four FQHCs were recruited to participate and sealants were placed in children at three elementary schools. We are using the CDC-sponsored SEALS database to provide performance reports for participating clinics.

12. The primary Title V Program contact person:

Name	<u>Daniel R. Bender</u>
Title	<u>DH Office Director, MSDH</u>
Address	<u>PO Box 1700</u>
City	<u>Jackson</u>
State	<u>Mississippi</u>
Zip	<u>39215-1700</u>
Phone	<u>601-576-7472</u>
Fax	<u>601-576-7825</u>
Email	<u>daniel.bender@msdh.state.ms.us</u>
Web	<u>www.msdh.state.ms.us</u>

13. The children with special health care needs (CSHCN) contact person:

Name	<u>Lawrence Clark</u>
Title	<u>MSDH Director of Children's Medical Program</u>
Address	<u>PO Box 1700</u>
City	<u>Jackson</u>
State	<u>Mississippi</u>
Zip	<u>39215-1700</u>
Phone	<u>601-987-3965</u>
Fax	<u>601-987-5560</u>
Email	<u>lawrence.clark@msdh.state.ms.us</u>
Web	<u>www.msdh.state.ms.us</u>

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MS

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	99.6	99.7	100	100	100
Annual Indicator	99.4	100.0	100.0	100.0	100.0
Numerator	41,219	100	136	131	116
Denominator	41,488	100	136	131	116
Data Source					MSDH
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2008
Field Note:
 All 116 of the reported number of children with genetic disorders received case management follow-up services.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2007
Field Note:
 Denominator and numerator are based on the numbers of positive screens and the number receiving follow-up services.
- Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2006
Field Note:
 Denominator and numerator are based on the numbers of positive screens and the number receiving follow-up services.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	47.5	50.5	53.5	56.5	62.5
Annual Indicator	41.5	41.5	41.5	60.4	60.4
Numerator	147	147	147	442	442
Denominator	354	354	354	732	732
Data Source					National CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	63	63.5	64	64.5	64.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2008

Field Note:

Note 2008: Data only available from The National Survey of Children with Special Health Care Needs Chartbook 2005-2006 HRSA for Mississippi Children.

2. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

During the enrollment process all applicants are requested to identify their medical home. If they indicate they do not have one, they are instructed on the need for a medical home. Then they are referred to a physician in their community.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	48.2	50.2	52.2	54.2	45.8
Annual Indicator	44.2	44.2	44.2	45.0	45.0
Numerator	312	312	312	340	340
Denominator	706	706	706	756	756
Data Source					National CSHCN Survey
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>46.2</u>	<u>47</u>	<u>47.5</u>	<u>48.2</u>	<u>48.2</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

Note 2008: Data only available from The National Survey of Children with Special Health Care Needs Chartbook 2005-2006 HRSA for Mississippi Children.

2. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. Section Number: Form11_Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>57.7</u>	<u>60.7</u>	<u>63.7</u>	<u>66.7</u>	<u>62.5</u>
Annual Indicator	<u>51.7</u>	<u>51.7</u>	<u>51.7</u>	<u>58.8</u>	<u>58.8</u>
Numerator	<u>370</u>	<u>370</u>	<u>370</u>	<u>436</u>	<u>436</u>
Denominator	<u>715</u>	<u>715</u>	<u>715</u>	<u>742</u>	<u>742</u>
Data Source					National CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>64.8</u>	<u>66.9</u>	<u>68.4</u>	<u>70.2</u>	<u>70.2</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Note 2008: Data only available from The National Survey of Children with Special Health Care Needs Chartbook 2005-2006 HRSA for Mississippi Children.

Mississippi is scheduled to begin the 2010 Needs Assessment as early as August 2009. As a part of this process, future performance objectives will be reviewed and revised as needed.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

3. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	72.9	74.9	76.9	78.9	91
Annual Indicator	68.8	68.8	68.8	90.9	90.9
Numerator	245	245	245	676	676
Denominator	356	356	356	744	744
Data Source					National CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	92	92.5	93	93.5	3.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

Note 2008: Data only available from The National Survey of Children with Special Health Care Needs Chartbook 2005-2006 HRSA for Mississippi Children.

2. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

3. Section Number: Form11_Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

LIFE is dedicated to the empowerment of people with significant disabilities to be as independent as and fully involved in their communities as they can be. Life coordinates the provision of devices, equipment, aids, modifications or other services and forms of support. LIFE provides advocacy support, peer counseling. They provide services to over 350 CSHCN and their families in addition to adults.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	13.5	13.8	17.8	21.8	31
Annual Indicator	10.6	10.6	10.6	30.9	30.9
Numerator	10	10	10	104	104
Denominator	94	94	94	337	337
Data Source					National CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	32.5	34	35.8	37.5	37.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2008

Field Note:

Note 2008: Data only available from The National Survey of Children with Special Health Care Needs Chartbook 2005-2006 HRSA for Mississippi Children.

2. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

3. **Section Number:** Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	89	90	89	89.5	83.5
Annual Indicator	85.8	87.6	83.3	80.5	80.9
Numerator	780	859	750	779	872
Denominator	909	981	900	968	1,078

Data Source

MSDH

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	90.5	91	91	91	91
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008: Mississippi Immunization rate (4:3:1:3:3) for children by 27 months of age has increased slightly from last year. The data are from the 2008 MS two year old survey for those children who completed the 4:3:1:3:3 series by 27 months of age, whereas PM07 states 19 to 36 months. Data are only available for 0-27 months.

Mississippi is scheduled to begin the 2010 Needs Assessment as early as August 2009. As a part of this process, future performance objectives will be reviewed and revised as needed.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

Mississippi's Immunization rate (4:3:1:3:3) for children 19-35 months of age has declined over the past few years mainly due to children missing the 4th dose of DTaP. Tracking and follow-up is needed to make sure the MSDH does not miss opportunities to vaccinate. Additional reminder recall systems are being reviewed to be put in place to let parents become aware that shots are due.

Data reported was pulled from the Mississippi Immunization Annual Two Year Old Survey of children who completed 4:3:1:3:3: series by 27 months of age.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	36.7	35.3	32.5	31.1	32
Annual Indicator	33.9	33.1	39.7	40.6	32.7
Numerator	2,126	2,107	2,601	2,655	2,138
Denominator	62,661	63,715	65,576	65,379	65,379

Data Source

MSDH-Vital
Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	31.8	30.5	30.1	29.7	29.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	25	30	30	30	8
Annual Indicator	17	17	7.4	34.8	29.9
Numerator			2,819	12,959	11,444
Denominator			38,041	37,277	38,296
Data Source					MSDH/National Oral Health Surveys
Do not report the numerator because there were fewer than 5 events over the last year, and the 3-year moving average over the last 3 years is fewer than 5. A 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	30	30	30	30	30
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Notes 2008: Numerator is underestimated--the sum includes the number of dental sealants placed through the MSDH dental sealant program and the estimated number of dental sealants placed by the dental private practice delivery system as determined per our FY 2005 Needs Assessment Survey.

An attempt was made to change the 2008 annual performance objective to 30, but the Title V Information System prevented this from occurring. Annual performance objectives going forward were changed to 30 to more accurately reflect the current annual indicator for this performance measure and may be revised in the future as needed.

2. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator is underestimated--the sum includes the number of dental sealants placed through the MSDH dental sealant program and the estimated number of dental sealants placed by the dental private practice delivery system as determined per our FY 2005 Needs Assessment Survey.

3. Section Number: Form11_Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

Weighted percentage = 25.6% of third grade children have received preventive dental sealants. (95% CI -- 24.3%-26.8%)

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	8.2	8.2	7.9	7.7	7.5
Annual Indicator	7.9	9.1	8.0	7.6	7.6
Numerator	49	56	50	48	48
Denominator	621,884	618,595	625,620	635,195	635,195

Data Source

MSDH-Vital
Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	7.2	7	6.5	6.1	6.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			16.3	16.5	18.5
Annual Indicator		16.2	12	18	8.3
Numerator					
Denominator					
Data Source					MS PRAMS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	18.6	18.9	19.1	19.5	19.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

Data from the Ross Mothers Survey are unavailable at this time; data from the MS PRAMS survey were substituted for 2008. The 2004 and 2006 data were combined to increase sample size and the six-month breastfeeding percentage was calculated using a specific SAS/SUDAAN programming algorithm. Because of the differences from the Ross Mother Survey and the MS PRAMS survey, PRAMS will be utilized in the future since it is administered each year in Mississippi.

Mississippi is scheduled to begin the 2010 Needs Assessment as early as August 2009. As a part of this process, future performance objectives will be reviewed and revised as needed.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

According to the latest data available from Ross Mother Survey (2006), 18 percent of mothers surveyed breastfed their infants at 6 months of age.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

According to the latest data available from Ross Mother Survey, 12 percent of mothers surveyed breastfed their infants at 6 months of age.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	99.3	99.5	99.6	99.7	99.7
Annual Indicator	96.7	98.5	98.6	99.9	98.7
Numerator	40,921	40,453	44,238	45,456	44,900
Denominator	42,321	41,062	44,863	45,509	45,500

Data Source

MSDH

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	99.8	99.8	98.8	98.8	98.8

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

Mississippi's birth cohort was not used here, but the number 44,863 was used which represents the total births in Mississippi for 2006 minus the children born outside of the state and not screened in Mississippi.

- 2.
- Section Number:**
- Form11_Performance Measure #12

Field Name: PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

2006 data for this measure are currently unavailable. However, data for this measure was calculated using a simple linear regression formula.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	14.5	10.5	10.4	10.3	12
Annual Indicator	10.8	10.8	13	12.6	14
Numerator					
Denominator					
Data Source					Kids Count DataBook
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	11.5	11.1	10.9	10.2	10.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data extracted from The Annie E Casey Foundation, 2008 Kids Count DataBook, Mississippi Data page 112.

Mississippi is scheduled to begin the 2010 Needs Assessment as early as August 2009. As a part of this process, future performance objectives will be reviewed and revised as needed.

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Medicaid Facts; January 2007

National Association of Children's Hospitals.

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for this measure were taken from the Mississippi Profile Fact Sheet reported in the Kaiser Family Foundation 2005 report.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			33.5	33.2	32
Annual Indicator		33.7	32.5	33.0	16.5
Numerator		13,626	11,892	6,719	12,552
Denominator		40,391	36,643	20,376	76,107

Data Source

MSDH-WIC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	31	30	29	29.5	29.5

Annual Indicator

Numerator

Denominator

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2008

Field Note:

Mississippi is scheduled to begin the 2010 Needs Assessment as early as August 2009. As a part of this process, future performance objectives will be reviewed and revised as needed.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			21.7	21.5	13.5
Annual Indicator		21.9	14.6	14.4	14.9
Numerator		318	147	209	183
Denominator		1,453	1,009	1,453	1,228
Data Source					MS-PRAMS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	13.5	13.2	13	12.5	12.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are
 not required for future year data.

Field Level Notes**1. Section Number:** Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

Source: Estimates for PRAMS 2006 Analysis.

2. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

Source: PRAMS 2006 Analysis.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	9.2	7.9	7.9	7.7	7
Annual Indicator	8.8	8.8	5.9	10.4	7.7
Numerator	19	19	13	23	17
Denominator	216,248	216,518	220,823	221,505	221,505

Data Source

MSDH-Vital
Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	6.9	6.4	6.1	5.9	5.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

Mississippi is scheduled to begin the 2010 Needs Assessment as early as August 2009. As a part of this process, future performance objectives will be reviewed and revised as needed.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	33	34	32.7	32.6	32.5
Annual Indicator	31.2	30.5	28.6	28.1	32.0
Numerator	297	301	310	291	331
Denominator	952	988	1,083	1,035	1,035

Data Source

MSDH-Vital
Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	32.3	32.2	32.1	32.5	32.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	85.1	86	86	86.9	87.7
Annual Indicator	81.8	81.4	81.4	81.1	84.8
Numerator	35,036	34,455	37,461	37,658	39,394
Denominator	42,809	42,327	46,046	46,455	46,455

Data Source

MSDH-Vital
Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	88.6	89.5	90.1	91.4	91.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 1

Percent of children on Medicaid and SCHIP who receive EPSDT and preventive health services well child visits.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			35	37	40
Annual Indicator		33.4	27.5	35.3	39.2
Numerator		134,265	145,798	145,775	168,529
Denominator		401,799	530,716	412,552	429,844
Data Source					MS-Medicaid MSDH
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>42</u>	<u>45</u>	<u>45</u>	<u>45</u>	<u>45</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #1**Field Name:** SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data provided by State of Mississippi, Division of Medicaid, April 8, 2009--SCHIP

STATE PERFORMANCE MEASURE # 2

Current percent of cigarette smoking among adolescents grades 6-12.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective			21	20.5	19
Annual Indicator	21.0	21.0	21.0	19.2	20.2
Numerator	597	597	597	289	321
Denominator	2,843	2,843	2,843	1,504	1,588
Data Source					YTS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	19	18.5	18.5	18	18
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #2

Field Name: SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

YRBS data reported represent students in grades 9-12. Data are not captured for grades 6-12. "Current use" is defined as use of tobacco product on one or more occasions in the past 30 days preceding the survey.

STATE PERFORMANCE MEASURE # 3

Percent of pregnant women who smoke

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			11.7	11.5	11.2
Annual Indicator		11.8	11.8	11.8	14.4
Numerator		5,067	5,067	5,067	4,015
Denominator		42,809	42,809	42,809	27,893
Data Source					MS PRAMS
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	11	10.5	10.5	10.5	10.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data calculated from MS PRAMS 2007 dataset.

2. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2007**Field Note:**

Data for this measure are the latest weighted PRAMS data available. (2004)

3. Section Number: Form11_State Performance Measure #3**Field Name:** SM3**Row Name:****Column Name:****Year:** 2006**Field Note:**

Data for this measure are the latest weighted PRAMS data available.

STATE PERFORMANCE MEASURE # 4

Percent of children with genetic disorders identified through the MSDH newborn screening program who receive case management services.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	97	98	98.5	98.5	100
Annual Indicator	99.5	100.0	100.0	100.0	100.0
Numerator	2,977	100	136	120	116
Denominator	2,992	100	136	120	116
Data Source					MSDH-Health Services-Genetics Program
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	_____ 1	_____ 1	_____ 1	_____ 1	_____ 1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5

The Rate of Repeat Birth (per 1000) for Adolescents Less Than 18 Years Old

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	13.2	12.5	120	116	112
Annual Indicator	125.5	127.5	141.3	147.7	147.7
Numerator	289	292	392	415	415
Denominator	2,303	2,290	2,774	2,810	2,810
Data Source					MSDH-Vital Statistics
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	108	104	104	104	104
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

During past years, Mississippi's Annual Performance Objectives were entered as percentages instead of rates. In an effort to correct this error, 2006 and following performance objectives will be listed as rates.

STATE PERFORMANCE MEASURE # 6

Percent of children ages 0-5 on WIC classified as overweight

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			12.8	12.5	12.2
Annual Indicator		13.0	12.7	15.4	16.5
Numerator		5,248	4,668	8,519	12,552
Denominator		40,391	36,643	55,318	76,107
Data Source					MS-WIC
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>12</u>	<u>11.8</u>	<u>11.8</u>	<u>11.8</u>	<u>11.8</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**Data received from Mississippi WIC based on total children ages 2-5 years old (76,107) and with BMI \geq 85%, 12,552 for period January 1, 2008 thru December 31, 2008.**2. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

WIC dataset was obtained and analysis was performed on the raw data. The 2007 Percent of children ages 0-5 on WIC classified as overweight was recalculated and the percentage was approximately 15.4%. This recalculation is in line with the previous years and with the provisional data for 2008. Source of data was archived WIC access dataset.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

Statistics could only be provided for ages 2 through 5. We were not able to find the percentile data tables needed to provide statistics for ages 0 to 23 months. Thus, data are for children 2-5 years and children at or above the 95 th percentile to classify overweight.

STATE PERFORMANCE MEASURE # 7

Percent of adolescents in grades 6-12 who are overweight or at risk for becoming overweight

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			26	26	26
Annual Indicator	27.3	27.3	27.3	35.8	35.8
Numerator	809	809	809	1,051	1,051
Denominator	2,961	2,961	2,961	2,936	2,936
Data Source					MS-YRBSS 2007
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>	<u>25</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

2007 YRBSS is the most recent survey data.

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

Most recent data are from 2007 YRBSS. The percentage was obtained by adding the percentages of the overweight and at risk of becoming overweight groups.

- Section Number:** Form11_State Performance Measure #7

Field Name: SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

Most recent data are from 2003 YRBSS. MS did not receive weighted data for the 2005 YRBSS.

STATE PERFORMANCE MEASURE # 8

Percent of Medicaid eligible children ages 1-5 reported to have had at least one preventive dental service

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			30	30.5	31
Annual Indicator	29.2	3.0	3.0	26.8	30.6
Numerator	33,032	3,551	4,196	38,737	41,982
Denominator	113,311	117,827	139,273	144,787	137,231
Data Source					MS-Medicaid Division
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	31.5	32	32	32	32
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data provided by State of Mississippi, Division of Medicaid, April 8, 2009

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

The following information was provided by Division of Medicaid, explaining the differences from previous years:

Topical Application of Fluoride became a covered service in January 2007 causing in increase in the number of oral health preventive services received by Medicaid-eligible children ages 1-5, and is reflective in the numerator for 2007 being larger than those in 2004, 2005, and 2006.

Note regarding 2004 data, unable to correct error in 2004 reported information, field is not available for any changes.

3. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

According to data received from the Division of Medicaid, the numerator for this measure is based on select dental procedure codes for oral health preventive service, and paid claims to dental providers only. The number does not include an oral health preventive service provided by a primary care practitioner.

The following information was provided by Division of Medicaid, explaining the differences from previous years:

Topical Application of Fluoride became a covered service in January 2007 causing in increase in the number of oral health preventive services received by Medicaid-eligible children ages 1-5, and is reflective in the numerator for 2007 being larger than those in 2004, 2005, and 2006.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: MS

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	9.8	9.9	9.7	9.6	9.5
Annual Indicator	9.7	11.4	10.5	10.1	10.0
Numerator	417	481	483	469	463
Denominator	42,809	42,327	46,046	46,455	46,455
Data Source					MSDH-Vital Statistics Estimate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	9.4	9.3	9.3	9.3	9.3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	2.3	2.3	2.4	2.1
Annual Indicator	2.3	2.6	2.1	2.1	2.3
Numerator	14.2	17	14.4	14.1	15
Denominator	6.1	6.6	6.9	6.6	6.6

Data Source

MS-Vital Statistics
Estimate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	2.1	2.1	2.1	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6.2	6	5.9	5.8	5.7
Annual Indicator	6.0	6.7	6.5	5.9	6.0
Numerator	256	283	300	272	280
Denominator	42,809	42,327	46,046	46,455	46,455

Data Source

MS-Vital Statistics
Estimate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	5.7	5.6	5.6	5.6	5.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	3.6	3.9	3.8	3.8	3.8
Annual Indicator	3.8	4.7	4.0	4.2	4.0
Numerator	161	198	183	197	188
Denominator	42,809	42,327	46,046	46,455	46,455

Data Source

MS-Vital Statistics
Estimate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	3.7	3.7	3.7	3.6	3.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	10.8	10.4	10.3	9.9	9.6
Annual Indicator	11.6	12.1	11.1	10.9	10.2
Numerator	502	516	516	509	475
Denominator	43,109	42,624	46,337	46,752	46,752

Data Source

MS-Vital Statistics
Estimate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	9.2	8.9	8.7	8.7	8.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	34.9	34.3	32.1	31.4	30.7
Annual Indicator	31.1	32.6	28.7	34.3	30.5
Numerator	180	187	167	202	180
Denominator	579,004	574,142	582,226	589,762	589,762

Data Source

MS-Vital Statistics
Estimate

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	30.1	29.4	29.1	29.1	29.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

None

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: MS

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

3

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

3

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 18

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

Form completed with input from parent advisor.

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MS FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Increase EPSDT/preventive health services for children on Medicaid and SCHIP.
2. Decrease smoking among pregnant women.
3. Decrease cigarette smoking among sixth through twelfth graders.
4. Reduce repeat teen pregnancies for adolescents less than 18 years old.
5. Address child/adolescent obesity/overweight issues.
6. Increase oral health care and preventive services for children.
7. Reduce child/adolescent unintentional injuries.
8. Decrease unhealthy behaviors, specifically alcohol and drug use and risky sexual behavior, for teenagers sixth through twelfth grades.
9. Maintain case management follow-up services for children with genetic disorders identified through MDH newborn screening.
10. Continue to improve and maintain developed data collection capacity for Title V population.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MS

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	Requested TA from CDC contact person regarding development of SAS code used for analysis of breastfeeding rates and relationship to BMI and gestational weight gain during pregnancy	To answer several data related questions regarding breastfeeding rates among recent mothers in Mississippi	CDC, Dr. Connie Bish and Dr. Deborah Rosenberg at University of Illinois-Chicago, and Dr. Kristin Rankin at University of Illinois-Chicago
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MS

SP # 1

PERFORMANCE MEASURE:

Percent of children on Medicaid and SCHIP who receive EPSDT and preventive health services well child visits.

STATUS:

Active

GOAL

To increase access to preventive health care and health care for children on Medicaid and SCHIP.

DEFINITION

Number of children who receive preventive screening over the total number enrolled.

Numerator:

Number of children age 0-20 enrolled in Medicaid and SCHIP who received a preventive screening during the past year.

Denominator:

Number of children 0-20 enrolled in Medicaid and SCHIP.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Statewide Data collection system on Medicaid and SCHIP

SIGNIFICANCE

Through screening programs, health education, preventive services and community interaction, services are designed to meet the specific needs of high risk groups and to promote positive health enhancing behaviors in the community. Health education for elementary school children is taught by health educators. Programs are age/grade specific and designed to promote proper health behaviors, encourage proper nutrition, and teach hygiene. Preventive health programs are provided to children identified by the screening program as being at high risk for disease.

SP # 2

PERFORMANCE MEASURE:

Current percent of cigarette smoking among adolescents grades 6-12.

STATUS:

Active

GOAL

To decrease cigarette smoking among 6-12 grade students

DEFINITION

Number of students (grades 6-12) reported to have smoked within the past 30 days divided by the total number surveyed during the reporting period.

Numerator:

The number of 6-12th grade public school students who report smoking cigarettes during the past 30 days

Denominator:

The total of 6-12 grade public school students who report smiking cigarettes during the reporting period

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey (YRBS) and the Youth Tobacco Survey (YTS)

SIGNIFICANCE

Cigarette smoking is the single most preventable cause of death in the United States. It has been estimated that one in five deaths is caused by tobacco use. Studies have shown the vast majority of smokers start before 18 years of age.

SP # 3

PERFORMANCE MEASURE:

Percent of pregnant women who smoke

STATUS:

Active

GOAL

To decrease cigarette smoking among pregnant women

DEFINITION

Number of women who report smoking while pregnant over the number who give birth during that same reporting period.

Numerator:

The number of women who report smoking while pregnant during the calendar year

Denominator:

The total number of women who gave birth during the calendar year

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Data will be collected annually from Behavior Risk Factor Surveillance System (BRFSS) data and birth certificate records

SIGNIFICANCE

Smoking during pregnancy is associated with infant mortality, low birthweight and intrauterine growth retardation as well as negative effects in childhood. Both nationally and in Mississippi we have seen a significant increase in smoking among pregnant women aged 15-19. Not only do we want to stop the increases, we want to decrease smoking among pregnant women.

SP # 4

PERFORMANCE MEASURE:

Percent of children with genetic disorders identified through the MSDH newborn screening program who receive case management services.

STATUS:

Active

GOAL

To provide case management services to children testing positive for genetic disorders to assure their enrollment in a follow-up treatment program.

DEFINITION

The number of children with genetic disorders provided with case management services over the number of children identified with genetic disorders.

Numerator:

The number of children with genetic disorders provided with case management services.

Denominator:

The number of children identified with genetic disorders.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Council of Regional Networks for Genetics Services Newborn and Clinical Annual Report, Birth Defects Registry, March of Dimes Birth Defects Foundation and MSDH Chart Reviews.

SIGNIFICANCE

Each year in the United States, an estimated 100,000 to 150,000 babies are born with major genetic birth defects. Children with these defects account for about 25 percent to 30 percent of pediatric hospital admissions. The total costs for care of children with defects exceed \$1 billion annually.

SP # 5

PERFORMANCE MEASURE:

The Rate of Repeat Birth (per 1000) for Adolescents Less Than 18 Years Old

STATUS:

Active

GOAL

To reduce the rate of repeat births among teenagers during the reporting period

DEFINITION

Number of repeat live births to adolescents aged less than 18 years of age during the reporting period over the number of live births to adolescents less than 18 years old during the reporting period.

Numerator:

Number of repeat live births to adolescents aged less than 18 years of age during the reporting period.

Denominator:

The number of live births to adolescents less than 18 years old during the reporting period.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MSDH Vital Statistics data on mother's age and births.

SIGNIFICANCE

Mississippi continues to lead the nation in the percentage of births to adolescents. In 1998, of the 8,598 births to adolescents in the state, 2,095 (24.4%) were repeat births. Adolescent parenting is associated with the lack of high school completion and initiating a cycle of poverty for mothers.

SP # 6

PERFORMANCE MEASURE:

Percent of children ages 0-5 on WIC classified as overweight

STATUS:

Active

GOAL

To reduce the rate of children on WIC who are classified as overweight

DEFINITION

Will be defined by WIC over the next reporting year.

Numerator:

The number of children age 0-5 on WIC classified as overweight

Denominator:

The number of children age 0-5 on WIC

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

WIC patient management system

SIGNIFICANCE

Mississippi is ranked as one of the most obese states in the United States. According to 2003 YRBSS data, over 16% of youth report themselves as being overweight and another 17% are at risk for becoming overweight. Physical education is at an all time low with limited funding available to address obesity issues in our state. Consequently, childhood obesity must be addressed as a public health problem through comprehensive multi-agency efforts to eradicate this growing public health concern.

SP # 7

PERFORMANCE MEASURE:

Percent of adolescents in grades 6-12 who are overweight or at risk for becoming overweight

STATUS:

Active

GOAL

To reduce the rate of teens who are overweight or at risk for becoming overweight

DEFINITION

Overweight and at risk teenagers.

Numerator:

The number of 6-12 grade public school students who report being overweight or at risk for becoming overweight

Denominator:

The number of 6-12 grade public school students surveyed during reporting period

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

YRBSS data

SIGNIFICANCE

Mississippi is ranked as one of the most obese states in the United States. According to 2003 YRBSS data, over 16% of youth report themselves as being overweight and another 17% are at risk for becoming overweight. Physical education is at an all time low with limited funding available to address obesity issues in our state. Consequently, childhood obesity must be addressed as a public health problem through comprehensive multi-agency efforts to eradicate this growing public health concern.

SP # 8

PERFORMANCE MEASURE:

Percent of Medicaid eligible children ages 1-5 reported to have had at least one preventive dental service

STATUS:

Active

GOAL

Increase the percent of Medicaid eligible children ages 1-5 who receive an oral health preventive service

DEFINITION

Improve overall percent of children 1-5 receiving preventive services

Numerator:

Number of Medicaid eligible children ages 1-5 who received an oral health preventive service

Denominator:

Number of Medicaid eligible children ages 1-5

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Medicaid data or CMS website

SIGNIFICANCE

Increase oral health awareness and screenings.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: MS

Form Level Notes for Form 17

Notes 2008 This is provisional data. As of 2-4-09, hospitals representing 53% of acute bare beds in MS have reported data. Due to significant geographic variations in asthma hospitalizations, the data from hospitals that have not reported as of the 2-24-09 estimate may significantly change the rate. 2008 Mississippi population estimates for children 0-4 will not be available until May or June 2009. Therefore, the 2008 provisional estimate uses the 2007 population in the denominator. The denominator used to calculate the rate is adjusted to account for the missing data due to non-reporting hospitals. The estimated denominator is calculated based on the percentage of hospital beds in the state accounted for in the reported data. Hospitals reporting data used in this calculation include 53% of all acute hospital beds in MS. Therefore, the 0-4 population estimate was adjusted by 53% (219,282 x 0.53) = 116,219.

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	286.6	305.0	60.6	46.7	40.3
Numerator	5,869	6,246	1,021	871	468
Denominator	204,815	204,815	168,525	186,390	116,219

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

Notes -2008

This is provisional data. As of 2-24-09, hospitals representing 53% of acute beds in MS have reported data. Due to significant geographic variations in asthma hospitalizations, the data from hospitals that have not reported as of the 2-24-09 estimate may significantly change the rate. 2008 Mississippi population estimates for children ages 0-4 will not be available until May or June 2009. Therefore, the 2008 provisional estimate uses the 2007 population in the denominator. The denominator used to calculate the rate is adjusted to account for the missing data due to non-reporting hospitals. The estimated denominator is calculated based on the percentage of hospital beds in the state accounted for in the reported data. Hospitals reporting data used in this calculation include 53% of all acute hospital beds in MS. Therefore, the 0-4 population estimate was adjusted by 53% (219,282 x 0.53=116,219).

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

The denominator used to calculate this rate is adjusted from the actual 2007 statewide 0-4 population estimate (219,282) to account for missing data due to non-reporting hospitals. The estimated denominator is calculated based on the percentage of hospital beds in the state accounted for in the reported data. As of June 11, 2008, hospitals reporting data used in this calculation account for 72% of all acute hospital beds in Mississippi. Therefore, the 0-4 population estimate was adjusted by 72% (219,282*.72=157883).

This rate may appear significantly different than estimates in prior years. Prior estimates were based on data from the tri-county Jackson metropolitan area only. The MSDH's asthma surveillance system has since expanded to collect statewide data. Due to incomplete data collection as of June 11, 2008, the denominator is adjusted by hospital bed coverage, as described in #1, to increase the validity of the estimate.

This is provisional data. Due to significant geographic variations in asthma hospitalizations, the data from hospitals that have not reported as of the June 11, 2008 estimate may significantly change the rate.

2003 through 2006 rates were estimated based on 2003 provisional data for three Mississippi counties (Hinds, Rankin, and Madison). This data included emergency department and outpatient visits in addition to inpatient hospitalizations, and the population denominators were estimated. The rates reported for 2003 through 2006 are inflated due to these errors. As of 2007 these errors have been corrected. Data for 63 of the 82 Mississippi counties have been collected and analyzed using actual population denominators adjusted to reflect the population accounted for by the data. The 2007 provisional rate reflects the updated data collection and analysis procedures. The 2003 through 2006 rates for the 63 counties using the corrected collection and analysis procedures are as follows:

2003: 52.4 per 10,000 (981/187174)

2004: 53.8 per 10,000 (951/208556)

2005: 50.89 per 10,000 (918/209511)

2006: 60.6 per 10,000 (1021/168525)*

*2006 is provisional due to ongoing data collection.

3. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

2003 through 2006 rates were estimated based on 2003 provisional data for three Mississippi counties (Hinds, Rankin, and Madison). These data included emergency department and outpatient visits in addition to inpatient hospitalizations, and the population denominators were estimated. The rates reported for 2003 through 2006 are inflated due to these errors. As of 2007 these errors have been corrected. Data for 63 of the 82 Mississippi counties have been collected and analyzed using actual population denominators adjusted to reflect the population accounted for by the data. The 2007 provisional rate reflects the updated data collection and analysis procedures. The 2003 through 2006 rates for the 63 counties using the corrected collection and analysis procedures are as follows:

2003: 52.4 per 10,000 (981/187174)

2004: 53.8 per 10,000 (951/208556)

2005: 50.89 per 10,000 (918/209511)

2006: 60.6 per 10,000 (1021/168525)*

*2006 is provisional due to ongoing data collection.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>68.6</u>	<u>71.4</u>	<u>66.9</u>	<u>77.7</u>	<u>90.0</u>
Numerator	<u>54,829</u>	<u>28,286</u>	<u>54,356</u>	<u>53,655</u>	<u>68,037</u>
Denominator	<u>79,869</u>	<u>39,618</u>	<u>81,284</u>	<u>69,077</u>	<u>75,599</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

Data provided by State of Mississippi, Division of Medicaid, April 2009

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

Both numerator and denominator represent unduplicated totals.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (CHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>76.3</u>	<u>76.3</u>	<u>81.1</u>	<u>88.5</u>	<u>100.0</u>
Numerator	<u>546</u>	<u>546</u>	<u>60</u>	<u>23</u>	<u>10</u>
Denominator	<u>716</u>	<u>716</u>	<u>74</u>	<u>26</u>	<u>10</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

SCHIP data reported by Blue Cross Blue Shield of Mississippi. HEDIS criteria requires that the denominator be limited to children turning 15 months old during the measurement year and having been continuously enrolled from 31 days of age, thus there was a small number of MS CHIP children who met this criteria.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

According to data from the Division of Medicaid, the numbers reported in this measure are "Well child visits during the first 15 months of life", as reported on the CHIP Annual Report FFY 2006. A periodic screening is for Medicaid beneficiaries only, and the majority of Medicaid enrolled infants under one (1) year receive screenings as a result of the EPSDT program.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>84.1</u>	<u>82.2</u>	<u>83.6</u>	<u>84.7</u>	<u>84.8</u>
Numerator	<u>35,831</u>	<u>34,643</u>	<u>38,337</u>	<u>39,201</u>	<u>39,210</u>
Denominator	<u>42,595</u>	<u>42,120</u>	<u>45,833</u>	<u>46,261</u>	<u>46,261</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

None

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	96.7	94.7	81.3	80.5	84.3
Numerator	382,511	347,715	327,214	317,487	327,772
Denominator	395,621	367,091	402,241	394,306	388,679

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2008

Field Note:

Data provided by State of Mississippi, Division of Medicaid, April 8, 2009

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	43.6	88.4	37.9	46.0	51.5
Numerator	36,421	69,233	34,715	36,073	39,940
Denominator	83,629	78,320	91,548	78,378	77,531

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

Data provided by State of Mississippi, Division of Medicaid, April 8, 2009

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

According to data from the Division of Medicaid, the numerator is based on paid claims to dental providers who performed a dental service. The number does not include oral health screening services.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>100.0</u>	<u>0.7</u>	<u>3.6</u>	<u>3.4</u>	<u>3.9</u>
Numerator	<u>18,784</u>	<u>127</u>	<u>688</u>	<u>662</u>	<u>748</u>
Denominator	<u>18,784</u>	<u>19,084</u>	<u>19,250</u>	<u>19,328</u>	<u>19,328</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

Data reported during 2005 and 2006, unlike previously reported data, is based on the actual percent of state SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program. Previous yearly percentages reported were based on the percentage of SSI beneficiaries less than 16 having access to CSHCN program services due to a collaborative effort between Medicaid, the Social Security Administration, and other third party payors to ensure access to needed services for children with special health care needs. It is important to note that the state's CSHCN program does not provide direct services for children with emotional, behavioral, and mental health needs. However, children with needs for these services are referred to the State's Mental Health network of providers.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: MS

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Other	<u>65</u>	<u>35</u>	<u>12.3</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Other	<u>6.4</u>	<u>3.7</u>	<u>10.1</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Other	<u>49</u>	<u>51</u>	<u>81.1</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Other	<u>51</u>	<u>49</u>	<u>84.7</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: MS

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>185</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2008	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: MS

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2008	<u>200</u> <u>200</u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u> </u>

FORM NOTES FOR FORM 18

Data provided by Mississippi Division of Medicaid

FIELD LEVEL NOTES

1. Section Number: Form18_Indicator 06 - SCHIP

Field Name: SCHIP_Women

Row Name: Pregnant Women

Column Name:

Year: 2010

Field Note:

According to guidance provided by the Division of Medicaid, the percent of poverty level for eligibility of pregnant women in the SCHIP program field should be left blank to indicate a lack of applicability since only pregnant females who are minors are eligible and the majority of them are switched to the Medicaid program once the pregnancy is detected. If "pregnant women" is defined as women of any age, then this field is not applicable.

2. Section Number: Form18_Indicator 05

Field Name: LowBirthWeight

Row Name: Percent of ow birth weight (<2,500 grams)

Column Name:

Year: 2010

Field Note:

No linked data file exists at this time. Data calculations are estimates based on a combination of sources which include Vital Statistics and Medicaid sources.

There continues to be a need for data linkage with the Mississippi Division of Medicaid for the purpose of reporting accurate data in a timely manner and monitoring changes in the utilization of Medicaid services which impact the programs of the Mississippi State Department of Health. The State Systems Development Initiative (SSDI) grant is being used to promote data linkage between the two agencies.

3. Section Number: Form18_Indicator 05

Field Name: InfantDeath

Row Name: Infant deaths per 1,000 live births

Column Name:

Year: 2010

Field Note:

No linked data file exists at this time. Data calculations are estimates based on a combination of sources which include Vital Statistics and Medicaid sources.

There continues to be a need for data linkage with the Mississippi Division of Medicaid for the purpose of reporting accurate data in a timely manner and monitoring changes in the utilization of Medicaid services which impact the programs of the Mississippi State Department of Health. The State Systems Development Initiative (SSDI) grant is being used to promote data linkage between the two agencies.

4. Section Number: Form18_Indicator 05

Field Name: CareFirstTrimester

Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

Column Name:

Year: 2010

Field Note:

No linked data file exists at this time. Data calculations are estimates based on a combination of sources which include Vital Statistics and Medicaid sources.

There continues to be a need for data linkage with the Mississippi Division of Medicaid for the purpose of reporting accurate data in a timely manner and monitoring changes in the utilization of Medicaid services which impact the programs of the Mississippi State Department of Health. The State Systems Development Initiative (SSDI) grant is being used to promote data linkage between the two agencies.

5. Section Number: Form18_Indicator 05

Field Name: AdequateCare

Row Name: Percent of pregnant women with adequate prenatal care

Column Name:

Year: 2010

Field Note:

No linked data file exists at this time. Data calculations are estimates based on a combination of sources which include Vital Statistics and Medicaid sources.

There continues to be a need for data linkage with the Mississippi Division of Medicaid for the purpose of reporting accurate data in a timely manner and monitoring changes in the utilization of Medicaid services which impact the programs of the Mississippi State Department of Health. The State Systems Development Initiative (SSDI) grant is being used to promote data linkage between the two agencies.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MS

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	2	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MS

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: MS

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	11.6	11.9	12.4	12.3	12.3
Numerator	4,973	5,031	5,713	5,699	5,699
Denominator	42,809	42,327	46,046	46,455	46,455

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	9.7	9.9	10.2	10.3	10.1
Numerator	4,024	4,056	4,520	4,628	4,532
Denominator	41,403	40,871	44,386	44,879	44,879
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data				
		2004	2005	2006	2007	2008
Annual Indicator		<u>2.2</u>	<u>2.3</u>	<u>2.4</u>	<u>2.2</u>	<u>2.4</u>
Numerator		<u>952</u>	<u>988</u>	<u>1,083</u>	<u>1,035</u>	<u>1,114</u>
Denominator		<u>42,809</u>	<u>42,327</u>	<u>46,046</u>	<u>46,455</u>	<u>46,455</u>
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>						
Is the Data Provisional or Final?					Final	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		<u>Annual Indicator Data</u>				
		2004	2005	2006	2007	2008
Annual Indicator		<u>1.9</u>	<u>1.9</u>	<u>1.9</u>	<u>1.8</u>	<u>2.0</u>
Numerator		<u>778</u>	<u>782</u>	<u>829</u>	<u>807</u>	<u>897</u>
Denominator		<u>41,403</u>	<u>40,871</u>	<u>44,386</u>	<u>44,879</u>	<u>44,879</u>
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2. The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?					Final	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>16.4</u>	<u>17.3</u>	<u>17.3</u>	<u>21.4</u>	<u>17.0</u>
Numerator	<u>102</u>	<u>107</u>	<u>108</u>	<u>136</u>	<u>108</u>
Denominator	<u>621,884</u>	<u>618,595</u>	<u>625,620</u>	<u>635,195</u>	<u>635,195</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer					
than 5 and therefore a 3-year moving average cannot be					
applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>7.9</u>	<u>9.1</u>	<u>8.0</u>	<u>7.6</u>	<u>7.6</u>
Numerator	<u>49</u>	<u>56</u>	<u>50</u>	<u>48</u>	<u>48</u>
Denominator	<u>621,884</u>	<u>618,595</u>	<u>625,620</u>	<u>635,195</u>	<u>635,195</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>49.0</u>	<u>48.5</u>	<u>51.2</u>	<u>50.9</u>	<u>46.6</u>
Numerator	<u>221</u>	<u>216</u>	<u>224</u>	<u>222</u>	<u>203</u>
Denominator	<u>450,835</u>	<u>445,425</u>	<u>437,470</u>	<u>435,916</u>	<u>435,916</u>

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>17,229.3</u>	<u>424.2</u>	<u>427.4</u>	<u>344.5</u>	<u>344.5</u>
Numerator	<u>2,414</u>	<u>2,636</u>	<u>2,644</u>	<u>2,188</u>	<u>2,188</u>
Denominator	<u>14,011</u>	<u>621,381</u>	<u>618,595</u>	<u>635,195</u>	<u>635,195</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator in 2004 was not total population for specified age range. This has been corrected. Through this correction, MS now has a true rate per 100,000, however, this correction caused a discrepancy in data from years 2004 to 2005.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	12,943.1	160.0	192.7	145.0	145.0
Numerator	1,048	994	1,192	921	921
Denominator	8,097	621,381	618,595	635,195	635,195

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator in 2004 was not total population for specified age range. This has been corrected. Through this correction, MS now has a true rate per 100,000, however, this correction caused a discrepancy in data from years 2004 to 2005.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	31,419.0	664.7	665.0	537.5	537.5
Numerator	2,544	2,723	2,962	2,343	2,343
Denominator	8,097	409,679	445,425	435,916	435,916

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Denominator in 2004 was not total population for specified age range. This has been corrected. Through this correction, MS now has a true rate per 100,000, however, this correction caused a discrepancy in data from years 2004 to 2005.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	49.9	61.9	65.8	65.1	64.5
Numerator	5,919	6,540	7,536	7,071	7,007
Denominator	118,728	105,697	114,460	108,589	108,589

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

According to HIV/AIDS program staff, an increase in screening is the justification for rise in Chlamydia cases for this age group. Increased screening oftentimes causes a rise in the number of cases being reported.

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

According to HIV/AIDS program staff, an increase in screening is the justification for rise in Chlamydia cases for this age group. Increased screening oftentimes causes a rise in the number of cases being reported.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	2004	2005	Annual Indicator Data		2008
			2006	2007	
Annual Indicator	16.7	25.7	219.8	18.4	17.7
Numerator	8,669	16,107	114,412	9,105	8,781
Denominator	520,422	627,018	520,422	496,146	496,146

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

According to HIV/AIDS program staff, an increase in screening is the justification for rise in Chlamydia cases for this age group. Increased screening oftentimes causes a rise in the number of cases being reported.

2. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

According to HIV/AIDS program staff, an increase in screening is the justification for rise in Chlamydia cases for this age group. Increased screening oftentimes causes a rise in the number of cases being reported.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MS

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	45,433	23,092	20,997	246	334	14	750	0
Children 1 through 4	173,849	91,786	76,856	1,027	1,453	39	2,688	0
Children 5 through 9	207,138	110,835	89,880	1,160	1,883	61	3,319	0
Children 10 through 14	208,775	109,327	93,880	1,163	1,683	84	2,638	0
Children 15 through 19	221,505	117,353	99,187	1,297	1,525	78	2,065	0
Children 20 through 24	214,411	117,366	92,355	1,245	1,672	96	1,677	0
Children 0 through 24	1,071,111	569,759	473,155	6,138	8,550	372	13,137	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	44,178	1,255	0
Children 1 through 4	168,573	5,276	0
Children 5 through 9	201,051	6,087	0
Children 10 through 14	203,542	5,233	0
Children 15 through 19	216,947	4,558	0
Children 20 through 24	209,618	4,793	0
Children 0 through 24	1,043,909	27,202	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MS

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	155	37	115	2	1	0	0	0
Women 15 through 17	2,655	999	1,630	21	5	0	0	0
Women 18 through 19	5,144	2,274	2,798	55	13	3	0	1
Women 20 through 34	35,010	19,255	15,168	218	294	69	0	6
Women 35 or older	3,489	2,218	1,167	14	73	16	0	1
Women of all ages	46,453	24,783	20,878	310	386	88	0	8

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	148	4	3
Women 15 through 17	2,531	72	52
Women 18 through 19	4,876	167	101
Women 20 through 34	31,816	1,255	1,939
Women 35 or older	3,014	119	356
Women of all ages	42,385	1,617	2,451

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HEALTH STATUS INDICATORS
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HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	469	164	293	9	3	0	0	0
Children 1 through 4	91	42	48	1	0	0	0	0
Children 5 through 9	48	23	24	0	1	0	0	0
Children 10 through 14	63	34	28	1	0	0	0	0
Children 15 through 19	216	122	91	2	1	0	0	0
Children 20 through 24	315	165	147	0	1	0	0	2
Children 0 through 24	1,202	550	631	13	6	0	0	2

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	391	5	73
Children 1 through 4	72	3	16
Children 5 through 9	38	2	8
Children 10 through 14	52	1	10
Children 15 through 19	193	2	21
Children 20 through 24	279	15	21
Children 0 through 24	1,025	28	149

FORM 21
HEALTH STATUS INDICATORS
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STATE: MS

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	856,700	452,393	380,800	4,893	6,878	276	11,460	0	2007
Percent in household headed by single parent	44.0	22.0	71.0	0.0	0.0	0.0	0.0	0.0	2007
Percent in TANF (Grant) families	8.9	5.3	10.2	1.8	4.5	7.8	0.6	8.9	2008
Number enrolled in Medicaid	403,589	126,640	235,337	1,786	1,880	184	0	37,762	2008
Number enrolled in SCHIP	60,423	27,723	31,901	283	460	53	0	3	2008
Number living in foster home care	5,557	2,634	2,848	23	4	3	0	45	2007
Number enrolled in food stamp program	250,017	59,496	185,424	984	332	100	1,374	2,307	2008
Number enrolled in WIC	121,283	42,179	72,478	253	398	250	445	5,280	2008
Rate (per 100,000) of juvenile crime arrests	3,757.0	1,180.0	2,562.0	3.0	11.0	0.0	0.0	0.0	2006
Percentage of high school drop-outs (grade 9 through 12)	15.9	13.5	18.2	22.0	10.3	0.0	0.0	0.0	2007

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	834,291	22,409	0	2007
Percent in household headed by single parent	99.1	0.1	0.0	2007
Percent in TANF (Grant) families	0.0	0.0	0.0	2008
Number enrolled in Medicaid	365,834	10,504	27,251	2008
Number enrolled in SCHIP	60,420	1,200	3	2008
Number living in foster home care	5,231	99	117	2007
Number enrolled in food stamp program	0	0	0	2008
Number enrolled in WIC	116,003	5,280	0	2008
Rate (per 100,000) of juvenile crime arrests	3,746.0	11.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	80.6	19.4	0.0	2008

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HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	381,809
Living in urban areas	380,751
Living in rural areas	488,018
Living in frontier areas	0
Total - all children 0 through 19	868,769

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

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HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	2,918,785.0
Percent Below: 50% of poverty	8.8
100% of poverty	20.7
200% of poverty	44.9

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HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2006 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	868,769.0
Percent Below: 50% of poverty	14.0
100% of poverty	29.4
200% of poverty	54.0

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2010
Field Note:
Births in Mississippi for 2007 was 46,455 (total live births) Form 21 does not allow for any unknown age groups. Two births were born to mothers with unknown age, therefore the total of 46,453 does not match with the 2007 Annual Vital Statistics reported births of 46,455
2. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
Data was not available from source Mississippi Department of Human Services for ethnicities. Analyst stated data not available for ethnicity variable (TANF).
3. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
Agency reporting Food Stamp enrollment states unable to provide ethnicity due to changes in programming and would require a special customized program to extract the data, MDHS representative states.
4. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
Specific reporting years listed as 2007 represent the most current data available from the reporting source for that indicator.